

BLANC (H. W.)

A Review of Five Years of
Dermatological Practice in
New Orleans.

BY

HENRY WILLIAM BLANC, B. S., M. D.,

Health Officer, University of the South, Sewanee,
Tennessee; formerly Dermatologist to the Charity
Hospital, New Orleans; Lecturer on Diseases of
the Skin, Tulane University of Louisiana;
Instructor in Skin Diseases and Syphilis,
New Orleans Polyclinic; Chief Sanitary
Inspector for the City of
New Orleans, etc.

REPRINTED FROM

The New York Medical Journal
for March 12, 1892.



*Reprinted from the New York Medical Journal
for March 12, 1892.*

A REVIEW OF
FIVE YEARS OF DERMATOLOGICAL PRACTICE
IN NEW ORLEANS.*

BY HENRY WILLIAM BLANC, B. S., M. D.,

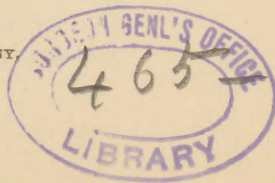
HEALTH OFFICER, UNIVERSITY OF THE SOUTH, SEWANEE, TENNESSEE;
FORMERLY DERMATOLOGIST TO THE CHARITY HOSPITAL, NEW ORLEANS;
LECTURER ON DISEASES OF THE SKIN, TULANE UNIVERSITY OF LOUISIANA;
INSTRUCTOR IN SKIN DISEASES AND SYPHILIS, NEW ORLEANS POLYCLINIC;
CHIEF SANITARY INSPECTOR FOR THE CITY OF NEW ORLEANS, ETC.

HAVING found it necessary to change my residence from Louisiana to the more bracing climate of Tennessee, it seems right and proper that I should give an account of my stewardship in the field that I have surrendered, and more especially so as no full statement has ever before been made, so far as I am aware, of any systematic dermatological work performed in the Gulf States.

Reports of skin diseases observed in the South have occasionally appeared in our journals, but the writers have only pointed out the presence rather than the prevalence of these affections in their section, and have failed to convey any idea of their relations to race and climate.

* Read before the Tri-State Medical Society of Alabama, Georgia, and Tennessee, October 29, 1891.

COPYRIGHT, 1892, BY D. APPLETON AND COMPANY.



We are familiar with the class of diseases commonly observed in Chicago, New York, and Boston, but the dermatological practice of New Orleans and other large Southern cities has up to this time been an unknown quantity.

The writer took charge of and organized the department for skin diseases in the great Charity Hospital of New Orleans in October, 1885, and surrendered it in July, 1891, after a period of nearly five years, and was the first dermatologist ever appointed by the administrators of that institution.

This paper records cases observed during this period both at the hospital and in private practice, and of every one here referred to careful notes have been taken. A number of cases seen in public and private practice were not recorded, owing to a variety of causes, and of course they can not figure in these statistics.

With the exception of syphilis, the venereal diseases are all excluded, and also the eruptive fevers, including vaccinia, as these would be out of place in the present analysis. Otherwise the last-mentioned affections would occupy a conspicuous portion of this report, as the writer's position of chief sanitary inspector of the Louisiana State Board of Health has given him unusual opportunities for observing the eruptive fevers, while it also made him the head of the bureau of vaccination during his tenure of office.

The following table, representing some seventy-five varieties of skin disease, is arranged to show sex and color, but it must be admitted that the record of colored cases is quite incomplete, due to the fact that negroes are not treated in the same department of the hospital as the whites, thereby causing some confusion in the records. It may be safely said that one half of the cases of skin disease in negroes who applied for treatment at the hospital are not recorded here at all:

TABLE I.
Diseases arranged in Alphabetical Order.

DISEASE.	White.	Color'd.	Male.	Female.	Total.
1. Abscessus.....	2	..	1	1	2
2. Acne.....	103	5	42	66	108
3. Albinismus.....	1	1	2	..	2
4. Alopecia areata.....	4	..	3	1	4
5. Alopecia præmatura.....	2	..	2	..	2
6. Anthrax.....	1	1	2	..	2
7. Cancer en cuirasse.....	1	..	..	1	1
8. Cellulitis.....	4	1	4	1	5
9. Chloasma.....	13	6	1	18	19
10. Cystoma.....	5	..	4	1	5
11. Dermatitis.....	101	3	81	23	104
12. " herpetiformis....	4	..	1	3	4
13. Dysidrosis.....	8	..	5	3	8
14. Ecthyma.....	18	1	15	4	19
15. Eczema.....	481	39	301	219	520
16. Elephantiasis Arabum.....	1	1	2	..	2
17. Epithelioma (rodent ulcer)..	53	..	15	38	53
18. Erysipelas.....	14	1	6	9	15
19. Erysipeloid.....	6	..	1	5	6
20. Erythema.....	44	2	21	25	46
21. Favus.....	1	..	..	1	1
22. Furunculus.....	35	..	26	9	35
23. Herpes simplex.....	7	..	5	2	7
24. " zoster.....	31	3	25	9	34
25. Hydroa.....	4	..	4	..	4
26. Hyperæsthesia.....	3	..	1	2	3
27. Hyperidrosis.....	5	..	4	1	5
28. Hypertrichosis.....	10	..	..	10	10
29. Ichthyosis.....	3	1	3	1	4
30. Impetigo.....	18	1	8	11	19
31. Impetigo contagiosa.....	11	1	3	9	12
32. Keloid.....	1	1	1	1	2
33. Keratosis.....	5	..	2	3	5
34. Lentigo.....	2	..	..	2	2
35. Lepra.....	70	13	49	34	83
36. Lichen planus.....	8	1	5	4	9
37. " sciofulosorum.....	1	..	..	1	1
38. " tropicus.....	4	..	3	1	4
39. Lupus erythematosus.....	3	1	2	2	4
40. " vulgaris.....	1	3	3	1	4
41. Molluscum fibrosum.....	1	3	3	1	4
42. " epitheliale.....	1	..	1	..	1
43. Morphœa.....	3	..	1	2	3

DISEASE.		White.	Color'd.	Male.	Female.	Total.
44.	Myoma.....	1	..	1	..	1
45.	Mycosis fungoides.....	1	..	1	..	1
46.	{ Nævus pigmentosus.....	3	..	3	..	3
	{ " unius lateris.....	1	1	1	1	2
47.	{ " vasculosus.....	6	..	3	3	6
	{ " hypertrophicus.....	1	..	1	..	1
48.	Onychia.....	3	1	2	2	4
49.	Papilloma.....	2	..	2	..	2
50.	Paronychia.....	4	1	4	1	5
51.	Pemphigus.....	6	..	5	1	6
	{ Pediculosis capitis.....	29	1	6	24	30
52.	{ " corporis.....	50	1	48	3	51
	{ " pubis.....	11	..	11	..	11
53.	Pernio.....	1	..	1	..	1
54.	Pityriasis rosea.....	1	..	1	..	1
55.	Pompholyx.....	2	..	1	1	2
56.	Prurigo.....	5	..	2	3	5
57.	Pruritus.....	57	4	31	30	61
58.	Psoriasis.....	37	..	25	12	37
59.	Purpura.....	11	..	5	6	11
60.	Sarcoma.....	3	..	1	2	3
61.	Scabies.....	104	6	85	25	110
62.	Scleroderma.....	6	1	4	3	7
63.	Scrofuloderma.....	8	1	6	3	9
64.	Seborrhœa.....	35	1	24	12	36
65.	Sycosis (non-parasitic).....	17	..	17	..	17
66.	Syphiloderma.....	236	23	163	96	259
67.	Teleangiectasis.....	5	..	1	4	5
68.	Tinea favosa.....	1	..	..	1	1
	{ Tinea trichophytina barbæ.....	7	2	9	..	9
69.	{ " " capitis.....	7	..	1	6	7
	{ " " corporis.....	15	2	9	8	17
	{ " " cruris.....	25	..	20	5	25
70.	Tinea versicolor.....	31	5	26	10	36
71.	Ulcus.....	19	1	14	6	20
72.	Urticaria.....	12	1	2	11	13
73.	Verruca.....	3	..	1	2	3
74.	Vitiligo.....	5	3	4	4	8
75.	Unclassified.....	13	1	6	8	14
Total.....		1,878	145	1,205	818	2,023
Grand total.....		.....	.....	.....	.....

Acne.—This disease constituted 5.33 per cent. of all the diseases treated. A large majority of the cases of acne were

seen in private practice and among the better class of people. Acne is quite common among the lower orders, but for obvious reasons an affection that produces so little pain and inconvenience is not apt to be brought to a hospital for treatment until increasing disfigurement causes its possessor to look about for a remedy. Negroes are not so subject to acne as the whites, and when they have it it is usually of the papular variety, seldom becoming pustular, and is accompanied by a mild seborrhœa oleosa. Under this heading are included a number of cases of rosacea, associated almost invariably with some of the papules of acne. The remaining cases were varieties of acne vulgaris, with the exception of two cases of *acne atrophica*, to which I prefer applying the title of *acne rodens*, in order to avoid confusion with certain atrophic conditions sometimes noted in strumous persons following the resolution of the pustule of acne vulgaris, or common acne.

The clinical history of these cases of *acne rodens* will be reported elsewhere.

Chloasma.—Out of nineteen of these cases there were eighteen in females, and six were negroes. Most of them were women between twenty and forty years of age, and all of them had passed the age of puberty when the disease began. The majority had some disorder of the menstrual function, and several were, or had recently been, pregnant.

Two young women (unmarried) who had no evidences of menstrual disorder were exceedingly anæmic.

Chloasma gestationis is, perhaps, more common in Louisiana among negro women than among white women. The pathology of this disease being a displacement of pigment, we find that in brown and black negroes, and to a less extent in the mulattoes, the skin turns lighter, instead of darker as in the case of the whites. The intensity of the shade depends upon the natural color of the negro, being darker in

darkest skins. The edges of chloasma patches in negroes are not so clear-cut and well-defined as in cases of albinism and vitiligo, and the light patches have more pigment in chloasma.

Dermatitis.—The class of eruptions usually placed under this heading are burns and scalds (d. ambustionis), inflammations due to injuries, such as excoriations, contusions, and the like (d. traumatica), and inflammations due to external irritants.

Seven cases were due to mosquito bites, four out of the seven being in persons who had just come to the city from a foreign country. Not using mosquito-bars, as is the custom in New Orleans in the summer season, they were devoured by these little pests, in several cases, from head to foot. The scratching that ensued set up considerable inflammation, with the formation of pustules, and medical aid was sought. An interesting case was that of a young Russian who had acquired malarial fever in Costa Rica. On his way up the river to the city he was stung by mosquitoes from top to toe and then deposited in the hospital while delirious from fever. Arriving in my absence, the ambulance surgeon was much concerned as to how to dispose of a case which looked like an early stage of small-pox, and the patient's not speaking the language made the case all the more perplexing. When he was seen by me a little later, the diagnosis was made by noting the presence of minute hæmorrhagic puncta in the center of the pinkish papules, this being the point where the proboscis of the insect had been inserted. Under this heading are included forty-one cases of dermatitis venenata, thirty-five being in males and six in females. The cause of this eruption was usually ascertained to be the *Rhus toxicodendron*, though several cases were due to irritation from dyes.

Dermatitis Herpetiformis.—Of this affection, sometimes

known as Duhring's disease because of the special study which this writer has given to it, there were four cases, all white, three being females. One of the cases is the *impetigo herpetiformis* of Hebra; but, as it evidently belongs to the group of cases described by Duhring, a brief recital of its clinical history is here appended :

E. L., aged twenty-nine years, native of Mississippi. Has five children, and when first seen had been pregnant five months and a half. History of having caught cold while carrying her fourth child, but had no eruption, only great itching of body during the week following its birth. With the fifth child an eruption appeared when quickening was felt, and lasted till her baby was three weeks old. She is now pregnant with her sixth child, the eruption having appeared one day before quickening was felt. The lesions appeared as circular, erythematous patches well marked on the chest, back, and arms, but not clearly defined elsewhere, though occurring all over the body except the head. These patches were deeper in color at the periphery, giving them a ringed appearance. On the rings were vesicles, blebs, and pustules in all stages of development. They were not numerous, however, some rings having but three or four of these lesions. She stated that when the eruption first appeared the blebs were very numerous.

Patient's reason for applying for treatment was the incessant and intolerable itching, worse at night. This caused her to greatly aggravate the eruption, as she was unable to desist from scratching. Constant regulation of the diet and bowels and a carbolic salve (3 ss. to $\frac{3}{4}$ j) ameliorated, but did not cure, the itching. She was not seen after her child was born.

Dysidrosis.—Without pausing to give my reasons for separating this affection from *pompholyx*, a disease with which some writers have attempted to identify it, I will give briefly two cases of the disease classed under this heading :

CASE I.—Mr. A. B., aged fifty-six years, native and resident of New Orleans. Has been at times a hard drinker. Is suffer-

ing with a rodent ulcer on bridge of nose. Is corpulent, and has enlarged capillaries in skin of face, giving it a ruddy appearance.

On the bridge of the nose, on the temples near the eyes, and on the forehead here and there are little sago grain appearances, which are quite tense when pressed, but which emit when broken a watery liquid, acid in reaction. These do not itch and cause no inconvenience. It was noticed that some of them, after being incised with a small knife, remained dark for ten or fifteen days thereafter, on account of the venous blood that passed into them after the incision. They then healed and did not reappear, so far as I am aware.

CASE II.—Mrs. M. E., aged forty-eight years, native of Germany. Has also ringworm of the thighs, which has spread on to the abdomen. General health good. Passed the climacteric period four years ago. Was formerly a wine-drinker, but has been taking a good deal of beer for the past two years. Is stout and plethoric, having dilated blood-vessels on the face.

Has noticed that during the past three summers a little sago-grain eruption would appear on her face and disappear in winter.

This eruption consists of vesicles of the size of a small pea, slightly raised above the skin, but also quite deep beneath the surface. They do not itch, and are located on the forehead, temples, nose, cheeks, and chin, being most numerous on the temples. After puncture, a hæmorrhage takes place in them, as in Case I. The liquid in them caused litmus paper to turn red. They all disappeared after incision.

Of the eight cases recorded, two were affected on the face alone, two on the hands alone, two on the toes alone, and two on hands and toes.

Eczema.—This affection, the commonest of all the diseases of the skin, has a fair share numerically among the diseases mentioned in this report, though it is not as common in New Orleans as it is in certain other localities. For example, the five hundred and twenty cases of eczema here

reported are 25·7 per cent. of the total number of cases recorded in a period of five years. This is a lower percentage than that of the combined returns of the American Dermatological Association for the ten years between 1878 and 1887, for, out of 123,746 cases of skin disease recorded during that time, 37,661 cases were eczema, a percentage of 30·43.*

In my cases, as in those referred to, the eruptions produced by the *Acarus scabiei* and the *Pediculus* are classed as *scabies* and *pediculosis*, and are enumerated elsewhere.

The following table illustrates the ages of patients suffering with eczema:

TABLE II.

Ages of Patients with Eczema.

Under one year.....	32
“ two years.....	14
“ three years.....	12
“ four years.....	7
“ five years.....	10
Between five and ten years.....	34
“ ten and fifteen.....	23
“ fifteen and twenty.....	43
“ twenty and thirty.....	86
“ thirty and forty.....	80
“ forty and fifty.....	75
“ fifty and sixty.....	57
Between sixty and seventy.....	38
“ seventy and eighty.....	9
Total.....	520

* In an analysis of 8,000 cases of skin disease Bulkley found 2,679 cases of eczema, or 33·48 per cent. See *Archives of Dermatology*, vol. viii, No. 4, October, 1882.

There were seventy-five cases of eczema in children under five years of age, being 14.4 per cent. of the total number of cases treated. This percentage is small when we compare it with Bulkley's figures drawn from a larger number of cases.* In 2,500 cases of eczema he reported 614 cases occurring under the age of five years, or 24 per cent.

Referring to Table I, it will be seen that 481 patients were white and 39 colored, while 301 were males and 219 females.

Table II shows that no age is exempt from this disease, and that the greatest number of cases occurring in a decade was in persons between the ages of twenty and thirty. There were seven between the ages of four and five, and nine between seventy and eighty. So youth and age may be alike affected.

Epithelioma.—A large majority of these cases were of the rodent ulcer, or superficial variety of epithelioma, and had not involved the neighboring glands. Eight cases were of the deep variety, and characterized by all the clinical and pathological symptoms noted in malignant disease. Some still presented the flat, waxy node so characteristic of this disease, while in others this had already broken down into crust-covered ulcers. The face is the common seat of these lesions, either on the cheeks, nose, temple, or forehead.

The youngest patient observed was a white man twenty-eight years old. The lesion occurred on either side of his nose as a waxy tubercle. After its removal by the curette, he remained well for two years, when the disease reappeared on the right temple. This second lesion was of the size of a silver quarter dollar, and was removed with the curette, followed by the application of arsenical paste. A large ulcer was made, which healed slowly, but the dis-

* *Loc. cit.*

case has not yet returned. The oldest patient was eighty-eight years old.

There were no cases among the negroes, who are more subject to the deep-seated form of this disease. Fifteen cases were in males and thirty-eight in females, a reversal of the rule, as the disease is commonest in men.

TABLE III.

Ages of Patients with Epithelioma.

Between twenty and thirty years.....	2
“ thirty and forty years.....	6
“ forty and fifty years.....	10
“ fifty and sixty years.....	13
“ sixty and seventy years.....	12
“ seventy and eighty years.....	9
“ eighty and ninety years.....	1
	—
Total.....	53

Erythema.—A variety of affections are classed under this heading, including simple localized, idiopathic erythema, erythema multiforme, erythema nodosum, and certain other forms, such as erythema intertrigo and a number of rashes due to the application of irritants to the skin. Erythema multiforme constituted the majority of the cases, while erythema nodosum was seen in but one patient.

Of the fifty cases of this affection recorded, there were twenty-one in males and twenty-nine in females.

Erysipeloid.—Rosenbach* describes an eruption due to wound infection with putrid animal matter, and this he has called *erysipeloid*. It consists of a red spot upon the skin which extends peripherally, while the center undergoes

* *Arch. f. klin. Chirurgie*, 1887, No. 2.

involution. It produces a sensation of burning and passes away in two or three weeks without febrile symptoms.

Six cases of this disease have come under my observation, two of them being typical, according to the description given by Rosenbach. In the remaining four, the spot, though circumscribed and clear-cut at the edges, did not fade in the center, at least not before treatment was instituted. This consisted in an ichthyol ointment, as recommended by Elliot,* or in a salve of oil of cade with oxide-of-zinc ointment. Five of these patients were cured after two weeks of treatment, while the remaining one relapsed and was not entirely well for a month. Erysipeloid evidently belongs to the group of erythemas, and closely resembles *erythema annulatum*. Considered from this point of view, it would be classed as an *erythema venenatum*. It is my belief that this disease occurs more frequently in surgical practice than is generally supposed, and that a greater number of cases have not been reported because of the mildness of the attack, coupled, perhaps, with an inability to classify it dermatologically. The surgeon, being satisfied as to its cause and character, has been content to let a simple ointment and Nature do the rest.

My cases were briefly as follows :

CASE I.—Female, aged thirty-two. Cleaning crabs five days ago, and next day noticed inflammation of index finger of left hand. This has spread to the metacarpo-phalangeal joint, and presents a circumscribed, convex border. Eruption is very itchy, and at times burns and pains.

CASE II.—Female, aged forty. Eruption located at root of left index finger. Began one week ago after she had scratched her hand while preparing food for cooking.

CASE III.—Male, aged thirty-eight. Eruption on back of left thumb. Drives a garbage-cart and bruised his hand while shoveling garbage.

* *Jour. of Cut. and Genito-urinary Dis.*, January, 1888, p. 12.

CASE IV.—Female, aged thirty. Scratched her hand twelve days ago while cleaning crabs. Hand was painful same night, but eruption came later. Eruption located around root of thumb, and is painful.

CASE V.—Female, aged twenty-six. Duration three weeks. Cut left hand while slicing raw meat. This was followed in two days by a circumscribed, itching erythema of palm and back of hand.

CASE VI.—Female, aged forty-five. Cut left hand in fold between index and middle finger while peeling vegetables. On the second day after this the eruption appeared. This has circular, well-defined edges, and is paler in the center than at the periphery.

Herpes.—There were seven cases of herpes simplex, two of them occurring on the prepuce—*herpes præputialis*. The remainder appeared about the mouth.

The cases of herpes zoster were thirty-four in number, and were distributed as follows :

TABLE IV.

Cases of Herpes Zoster.

Zoster facialis.....	5
“ cervico-facialis.....	2
“ cervico-brachialis.....	2
“ collaris.....	2
“ pectoralis.....	16
“ abdominalis.....	4
“ lumbo-femoralis.....	2
“ sacro-femoralis.....	1
Total.....	34

One of the cases of zoster facialis involved the mucous membrane of the mouth. The patient had taken Cayenne pepper for colic, followed by senna and salts, and experienced the next day a burning sensation in the mouth. On the third day the eruption appeared on the right side of the nose, spreading to the cheek, the right eyelids swelling at the same time. When seen

by me, seven days afterward, the nose was red and discharging mucus, the right cheek was swollen, and the lacrymal glands occasionally discharging a tear. On the upper and lower lips to the right of the median line, and on the right side of the hard and soft palates, were a number of small, painful ulcers.

A second case is one of double zoster. The patient was a white man, thirty-one years of age, who had been treated by me for syphilis a year before. The grouped vesicles first appeared on the left side of the abdomen, extending down over Scarpa's triangle and on to the pubes. A few hours later another grouped eruption, but of papules instead of vesicles, appeared on the right side over the sacrum, extending down over the great trochanter to the thigh. A mild ointment was used, and the papular eruption of the right side began to yield to treatment and never formed distinct vesicles. The grouping of these lesions, and the erythematous-papular character of the aborted eruption, together with the pain that accompanied it, leave no doubt in my mind that here was a case of double zoster.

TABLE V.

Ages of Patients with Zoster.

Under ten years.....	2
Between ten and twenty.....	1
“ twenty and thirty.....	9
“ thirty and forty	7
“ forty and fifty.....	4
“ fifty and sixty.....	7
“ sixty and seventy.....	2
“ seventy and eighty.....	2
Total.....	<hr/> 84

Leprosy.—Leprosy, like tuberculous, is a disease which any one is liable to contract, but which must be acquired under certain conditions. Without pausing to give all of my data, let me state that, in my experience, hereditary disease—that is to say, leprosy in one's parents or grandparents—de-

bility from sickness or alcoholism, certain diets, such as meat, and more particularly salt meat, predispose the patient to this baneful disease. Leprosy does not make a woman more infertile than any other wasting disease, though it *does* tend to produce miscarriages or very delicate children. Even this rule has its exceptions, for I have seen leprous women with non-leprous children, who were born after the disease was well marked in the mother. Referring to predisposing causes, the following facts, taken from my histories, will give an idea of the character of the infirmity of which the patient and his relatives were subject, each note being taken from a different case: 1. Stunted growth and mind feeble; is eighteen years old and has not menstruated; breasts and pubes undeveloped. 2. Leprosy appeared just after childbirth—two cases. 3. Old age—is seventy-nine years old; stopped menstruating at age of twenty-nine. 4. Imbeciles; two patients, brothers. 5. Followed measles. 6. Hard drinker. 7. Blind from early childhood, and always feeble. 8. Mother insane. 9. Father died of phthisis. 10. Delicate always. 11. Father insane and uncle epileptic. 12. Followed typhoid fever. 13. Brother insane. 14. Had tape-worm when disease began. I have of late become convinced that one of the ways that leprosy is produced is from animal matter introduced into the system in an uncooked or raw condition.* My reasons for coming to this conclusion are briefly these:

1. History of having eaten *raw* meat.
2. History of intestinal worms, which are frequently produced by the ingestion of imperfectly cooked meat or fish.
3. Fondness of patients for meat, preferring it greatly to vegetables, and eating it in excess of the latter.
4. Occupation of such a character as to make patient liable

* See communication from the writer in the *Journal of the Leprosy Investigation Committee*, No. 2, February, 1891, p. 97.

to inoculation from animal matter: one was a butcher, one was a rag-picker, and a large majority of the women were either cooks or in the habit of cooking their own meals.

The eighty-three cases here reported were all, with the exception of three, observed in New Orleans, and the patients were residents of the State.* Seventy were white and thirteen were colored; forty-nine were male and thirty-four female. The following tables will illustrate the age and nativity in the cases recorded:

TABLE VI.

Ages of Leprosy Patients.

Under ten years.....	2
Between ten and twenty	15
“ twenty and thirty.....	26
“ thirty and forty.....	10
“ forty and fifty.....	12
“ fifty and sixty.....	8
“ sixty and seventy.....	8
“ seventy and eighty.....	1
“ eighty and ninety	1
Total.....	83

TABLE VII.

Nativity of Leprosy Patients.

Louisiana....	{ New Orleans.....	39
	{ Elsewhere in the State.....	18
Other States. {	Missouri.....	1
	Tennessee.....	1
	New York.....	1
	Virginia.....	2
	Alabama.....	1

* Forty-two cases of leprosy observed by the writer were reported in the *New Orleans Medical and Surgical Journal*, September-October, 1888. Since then forty-one cases more have been observed, making the eighty-three cases of this report.

Foreign.....	{ Germany.	12
	{ France.....	1
	{ England.....	1
	{ Austria.....	1
	{ Ireland.....	4
	{ Spain.....	1
Total.....		83

The two patients under ten years old were aged six and nine, respectively. I have never seen the cutaneous lesions of leprosy on a new-born baby. Leprosy produces a marked dyscrasia, but the disease, so far as I am aware, is not inherited in the sense that syphilis is, for example.

It will be seen from Table VII that fifty-seven of my patients were natives of Louisiana and that six were natives of other States, making a total of sixty-three born in the United States. Twenty were born in foreign countries, a large majority coming from Germany.

My records do not give the birthplaces of the parents of all the leprosy patients, but such notes as I have show that twenty-seven of the patients recorded as having been born in the United States had either one or both parents of *foreign birth*.

Lichen Scrofulosorum.—The only case of this disease observed is of such interest that it can not be passed over, as it combined the ulcerative scrofuloderm with the papular eruption of lichen scrofulosorum. It is natural that these two affections, due to a common cause, should be found in the same patient, though as a rule this is not the case.

The patient was a white woman, a prostitute, and entered the Charity Hospital on March 8, 1891, with a history of having had considerable flooding three years ago, after an abortion had been produced upon her while she was in the third month of gestation. This left her very weak and anæmic. Her father

and mother had both died of consumption, the latter having had the disease only three months.

In August, 1890, the patient had chills and fever with headache, and, on recovering from the attack, her feet were swollen. In the beginning of November she took a hot bath, after which purplish spots appeared over the epigastrium and rapidly spread all over the body, becoming more numerous and deeper in color about the menstrual period.

In the latter part of November the glands on the left side of the neck began to swell, followed in January by the glands on the right side.

On admission to the hospital she was very thin and pale, and presented on the neck, behind the angle of the jaws and an inch and a half below the ears, a swelling from enlarged lymphatic glands, which was covered by bluish red patches of skin three fourths of an inch wide and two inches and a half long. The outline of the red patches was irregular, and had none of the characteristics of the syphilide. The patch on the left side was open, discharging a purulent liquid. Besides these patches, there was a papular eruption all over the body, except the head and hands, which consisted of minute red papules in small groups, each group being about half an inch in diameter, its outer papules blending it somewhat with adjacent groups; but this grouping was quite distinct. The eruption was deeper and thicker on the legs below the knees. It did not itch. A close examination of the lesions showed that some of the papules were raised and acuminate and covered with fine scales, while others were flat, some seeming to be slightly below the level of the skin and probably undergoing involution. Those on the legs, if observed alone, might easily have been mistaken for purpura simplex.

This case was under observation about twelve weeks, and during this time the eruption faded or grew deeper several times, owing to the absence or presence of the menstrual flow. The ulcerated glands in the neck were removed under chloroform by Dr. J. D. Bloom, and the glands sent to the pathologist of the hospital, but I have never heard whether or not the bacillus of tuberculosis was found. Erysipelas set in and retarded re-

covery from the operation, but when this had passed off the patient improved rapidly, leaving the hospital much better, though not yet cured.

Lupus.—Two varieties of this disease are generally recognized—*lupus erythematosus* and *lupus vulgaris*—though I must confess that I have never seen very much resemblance between them beyond the fact that both are circumscribed lesions occurring usually on the face.

Four cases of erythematous lupus were treated by me, three of the patients being white and one colored, while two were males and two females. The location in all of them was the face. All but one yielded readily to the curette, followed by a pyrogallic-acid ointment. The one that did not yield would improve for a time and relapse, looking as badly as before.

Of the patients with *lupus vulgaris*, which is now generally recognized as a form of tuberculosis of the skin, one was white and three were colored.

Three of these cases were of the warty variety—*lupus verrucosus*. One consisted of a well-defined patch on the back of the left hand in a mulatto aged twenty-eight years.

The second case was that of a white man aged thirty-two. The papillomatous growth appeared as large, ringed patches on the legs below the knees. These rings spread entirely around the legs, meeting in the rear, leaving the centers smooth, hard, and mottled in color, causing the growth to present the appearance called by French writers *lupus scléreux*.

The third case presented exactly the same appearance as the second, except that it was in a colored boy and located on the face and neck.* None of my cases were ulcerative—*i. e.*, the so-called *lupus exedens*, a name which is very confusing, as

* This patient reacted strongly to a subcutaneous injection of *tuberculin*. See *New Orleans Medical and Surgical Journal*, June, 1891.

persons afflicted with the ulcerative syphilide of the nose, or with epithelioma of that organ, have been sent to me more than once as having lupus exedens.

Pediculosis.—This disease, due to one of the three varieties of pediculi or lice—namely, the *Pediculus capitis*, *Pediculus corporis*, and *Pediculus pubis*—is found usually in filthy and unkempt persons, and frequently is accompanied by an extensive dermatitis or artificial eczema. Sometimes, however, very cleanly persons may be afflicted with these little pests, as in a case of a young lady observed by me, who had considerable irritation of the eyelids after having remained two days on a sleeping-car. An examination with a magnifying glass, and afterward with the naked eye, disclosed the presence of large numbers of the *Pediculus pubis* adhering to the lashes near the eye.

Another case was that of a young lady who was constantly troubled with very itchy erythematous patches on the back of the neck and shoulders. I was able after a long examination to discover a few nits, or ova, in the hair, and cured the disease with antiparasitics. After some months she returned to me with the same trouble, which she had acquired on returning to her room after a summer spent elsewhere. The majority of my cases of pediculosis capitis were in females, probably on account of the greater length of the hair in women and the greater amount of shelter thereby afforded the insect, while the majority of my cases of pediculosis corporis were in men.

The skin of the negro is not so tempting to the pediculus as that of the white man, and the two negroes recorded as afflicted with this disease were half white. I have never seen a case of pediculosis capitis in the genuine African, and believe that these people have an immunity to some extent from the disease. The ninety-two cases of pediculosis observed constitute 4.6 per cent. of the cases recorded.

Pompholyx.—Though only two cases of this disease were observed, it is my desire to record one of them for comparison with the cases of dysidrosis already considered.

Mr. J. H., aged forty-seven, consulted me February 7, 1887. Patient had an iliac abscess opening at Poupart's ligament. He had been afflicted with this about eighteen months and greatly weakened by it. Eleven years ago an eruption appeared in the spring-time at the tips of the first three fingers of each hand, and continued to come at this season for four successive years, lasting twenty or thirty days each time. During succeeding years the eruption spread to the other digits, and finally to the palms. When the eruption is present it makes him exceedingly nervous in his already weak condition, and he has resorted to large poultices to relieve the intensity of the itching. When observed by me his hands were swollen and covered with vesicles and blebs, the former being sunk deep into the skin and resembling sago grains. They were located chiefly on the tips of the fingers and the outer edges of the palms, while on the palms and on the finger joints nearest the palms were large, loose blebs filled with a sero-purulent fluid which the patient was at the moment busily removing. A few blebs and vesicles were on the back of the hands. I ascertained that during the past year the eruption had come at irregular intervals, appearing every three or four months and lasting from two to six weeks. It was evident, then, that the debility produced by the abscess had aggravated the eruption. A salve composed of salicylic acid, carbolic acid, and diaehylon ointment was used, giving great relief, and in two weeks the eruption had passed away, leaving a smooth, red, scaling surface. During the two years that ensued the eruption appeared some eight or ten times, always relieved by the ointment. Finally it disappeared, and has not troubled him since, though the abscess is not yet cured.

Pruritus.—This affection, consisting of cutaneous itching without eruption, was found in fifty-seven white and

four colored patients, while the sexes were nearly equally divided. In many of these cases torpidity of the liver was doubtless the exciting cause, as they were relieved by small doses of calomel.

It is a well-known fact that jaundice produces itching, but there are certain cases of intense itching not accompanied by this symptom and in which malaria seems to be the exciting cause. This variety of pruritus may occur in patients whose chills and fever have been broken for some time, or in others in whom the malarial poison lies dormant ; but the rule is for a cure to be effected by large doses of quinine. I have treated nine cases of this character, and others of doubtful origin, and have been in the habit of describing this disease to classes of students as *pruritus malarix*.

Psoriasis.—None of the thirty-seven patients with psoriasis were negroes. Twenty-five were males and twelve were females. All the varieties of psoriasis were represented in these cases save the *p. annulata*, the *lepra* of Willan. Nothing special was observed with reference to this disease save its utter rebelliousness to arsenic, a remedy supposed by some to be a specific in psoriasis.

Psoriasis constituted 1·8 per cent. of the total number of cases recorded.

Scabies.—Out of one hundred and ten cases of scabies recorded, one hundred and four were in white persons. Eighty-four were in males and twenty-five in females. Scabies, though due to an animal parasite, was found in a much more refined class of people than pediculosis. This disease constituted 5·9 per cent. of the diseases observed.

Syphiloderma.—In private practice the early and late lesions of syphilis were about equally divided, but at the

hospital nearly all were late manifestations, the early ones being relegated to the venereal wards.

Of the two hundred and fifty-nine cases recorded, two hundred and thirty-six were in white persons. One hundred and sixty-three were in males and ninety-six in females. Syphilis constituted 12·8 per cent. of the total number of cases recorded. Three cases of chancre of the lip were observed, in two the lesion being located on the lower lip, and in the third case upon the upper and lower lip—a double chancre. A case of chancre of the cheek was treated. The lesion was about two inches in front of the right ear, and was regarded by me for nearly a week as a furuncle which had not “pointed.” On making an incision into it a small amount of pus exuded from a honey-combed tissue exactly like that found in carbuncle. In the mean time the neighboring glands had become swollen and indurated, exciting my suspicion, when I ascertained that the patient, who was a lady of refinement, had wiped upon a towel several weeks before which had been used by a gentleman visiting her house, who had had some sort of skin disease. In due time the eruption appeared, confirming my tardy diagnosis.

Tinea.—Only one case of *tinea favosa*, or favus, was observed. It was in a Jewish girl, eleven years of age, born of Sicilian parents.

Fifty-eight cases of *tinea trichophytina*, or ringworm, were observed—nine being ringworm of the beard; seven, ringworm of the scalp; seventeen, ringworm of the body and face (*tinea circinata*); and twenty-five, ringworm of the pubes and thighs (*eczema marginatum*). This latter, in several cases, extended as far down as the foot, and in others spread on to the abdomen and the axillary region.

Thirty-nine males and nineteen females were afflicted with this disease.

Ringworm constituted 2·86 per cent. of the cases of disease here reported.

There were twenty-six males and ten females affected by *tinea versicolor*. This eruption in the negro is of a lighter hue than that of the skin.



REASONS WHY

Physicians Should Subscribe

FOR

The New York Medical Journal,

EDITED BY FRANK P. FOSTER, M. D.,

Published by D. APPLETON & CO., 1, 3, & 5 Bond St.

1. **BECAUSE :** It is the *LEADING JOURNAL* of America, and contains more reading-matter than any other journal of its class.
2. **BECAUSE :** It is the exponent of the most advanced scientific medical thought.
3. **BECAUSE :** Its contributors are among the most learned medical men of this country.
4. **BECAUSE :** Its "Original Articles" are the results of scientific observation and research, and are of infinite practical value to the general practitioner.
5. **BECAUSE :** The "Reports on the Progress of Medicine," which are published from time to time, contain the most recent discoveries in the various departments of medicine, and are written by practitioners especially qualified for the purpose.
6. **BECAUSE :** The column devoted in each number to "Therapeutical Notes" contains a *résumé* of the practical application of the most recent therapeutic novelties.
7. **BECAUSE :** The Society Proceedings, of which each number contains one or more, are reports of the practical experience of prominent physicians who thus give to the profession the results of certain modes of treatment in given cases.
8. **BECAUSE :** The Editorial Columns are controlled only by the desire to promote the welfare, honor, and advancement of the science of medicine, as viewed from a standpoint looking to the best interests of the profession.
9. **BECAUSE :** Nothing is admitted to its columns that has not some bearing on medicine, or is not possessed of some practical value.
10. **BECAUSE :** It is published solely in the interests of medicine, and for the upholding of the elevated position occupied by the profession of America.

Subscription Price, \$5.00 per Annum. Volumes begin in January and July.

